



## Request for Applications

RFA # A-389

### Reducing Barriers to Title V Family Involvement

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section/Children and Youth Branch

**ISSUE DATE:** November 18, 2021

**DEADLINE DATE:** December 21, 2021

#### **INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:  
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**Applications will be received until: 5:00PM on Tuesday, December 21, 2021**

Electronic copies of the application are available by request.

Send all applications **electronically** to the funding agency address as indicated below:

#### **Electronic Submission**

[danielle.matula@dhhs.nc.gov](mailto:danielle.matula@dhhs.nc.gov)

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## **I. INTRODUCTION**

The purpose of this RFA is to identify a statewide public or private non-profit entity with a history of working with diverse families via family centered practices that can act as the fiscal agent to reimburse parents, caregivers and self-advocates for their active participation in and knowledge of service delivery systems. The prospective contractor will be expected to support payments to parents, caregivers and self-advocates, based upon approved activities, pending settlement from the North Carolina Division of Public Health (DPH). No cash advance from DPH should be expected. The primary outcome of this effort within the Children and Youth Branch is to increase parent, caregiver and self-advocates' engagement across all Branch programs and services via accurate and timely financial compensation for their time and efforts. The purpose of these partnerships with parents, caregivers and self-advocates is to build, maintain and assure access to systems of care that will optimize the health, social and emotional development for all children and youth in collaboration with Children and Youth Branch (C&Y) staff.

Reimbursable family activities for parents, caregivers and self-advocates include stipends, per diem, travel, mileage, lodging, meals, materials, conference registrations, and hosting or conducting a family-centered training or meeting, which includes room fees, meeting materials and break expenses. Based upon participation in these activities, reimbursement claims have historically ranged from \$20 to \$1,200 with an estimation of up to 500 claims annually.

The total RFA funding amount is \$210,534.

## **ELIGIBILITY**

A public or private, non-profit organization with administrative and fiduciary commitment that supports partnerships with parent, caregiver and self-advocates in order to improve the health, social and emotional development for all children and youth and with a particular emphasis on children/youth with special needs or disabilities. Priority for funding shall be given to an agency with expertise in managing and processing family stipend/reimbursements activities as utilized via North Carolina state government agencies.

## **FUNDING**

The total RFA funding amount is \$210,534. The funding period for the contract will be awarded through this RFA beginning on June 1, 2022 - May 31, 2023 with the option to renew for two additional one-year periods, pending availability of Federal and State funds. One contract will be awarded from the RFA. The budget periods are as follows: Year One – 06/01/22 – 05/31/23; Year Two – 06/01/23 – 05/31/24; and Year Three – 06/01/24 – 05/31/25. Total annual award, contingent upon both availability of funds and compliance with the requirements and assurances contained in contracts, resulting from this RFA is \$210,534. Projected, annual funding appropriation sources include \$70,178 via the Maternal and Child Health Services Block Grant to the States (Title V).

## II. BACKGROUND

Since the implementation of the 2010 Affordable Care Act and health reform, the topic of patient and family engagement has gained more interest. Meaningful partnerships with patients and families are evidenced via improved family and patient experiences, satisfaction with services and better individual health outcomes (<http://patientfamilyengagement.org/>). Research continues to support the fact that meaningful partnerships with patients (consumers) and families are a catalyst for improved family and patient experiences, satisfaction with services, and better individual health outcomes. Family and consumer engagement are an effective means to improve health and wellbeing. Further, utilization of families and self-advocates as peer leaders/trainers is found to be an effective method of providing credible training and outreach services (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499060/>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409443/> ).

Currently families (parents, caregivers and self-advocates) are underrepresented at local, state and national levels of research, policy development and program design, delivery and evaluation. One reason for the poor representation of families and self-advocates as partners in these and other activities is the lack of financial compensation for their travel, time, and expertise. These parents, caregivers and self-advocates, as well as professional partners, benefit from a responsive delivery system that reflects the needs of its beneficiaries. The primary goal of this effort within the Children and Youth Branch is to increase the number of parents, caregivers and self-advocates' engagement across all Branch programs and services via accurate and timely financial compensation for their time and efforts. The purpose of these partnerships with families (parents, caregivers and self-advocates) is to build, maintain and assure access to systems of care that will optimize the health, social and emotional development for all children and youth in collaboration with Children and Youth Branch (C&Y) staff.

The measurable results of this contract will demonstrate family (parents, caregivers and self-advocates) participation in pre-service training, qualitative assessment efforts, educational outreach and support, as well as program design, evaluation and practice.

The Title V, Maternal and Child Health Block Grant application guidance and annual report (8<sup>th</sup> edition) delineates that states should “assure families and individuals are key partners in health care decision-making at all levels in the system of services, especially those who are vulnerable and medically underserved” and to “collaborate with community leaders/groups and families of every background in needs/assets assessments, program planning, service delivery and evaluation/monitoring/quality improvement activities.” These family partnerships are a critical strategy to improving the health outcomes across all sectors of the maternal, child health populations. Further, collaboration among self-advocates, families, professionals, and policymakers is an important determinant to promote equity, opportunity and inclusion regarding access to care. The Centers for Disease Control and Prevention defines health equity as every person has the opportunity to achieve their full health potential. Equitable access to health care system resources is essential to ensure that families of children, including historically marginalized populations, and children with special health care needs (CSHCN) receive the best possible array of services and not have delays or miss out on health care for their children. Family centered training opportunities can recognize the strength and capabilities of families (parents, caregivers and self-advocates) to promote a partnership with health and services delivery systems; therefore, improving children's health and well-being, especially those with special health needs.

Failure to execute this contract could result in parents, caregivers and self-advocates being excluded from policy development, program design, program implementation, and evaluation. Lack of involvement would result in the failure of family-centered, comprehensive, coordinated, culturally competent community-based programs and services supported by the Children and Youth Branch of the NC Division of Public Health. By not meeting the federal grant requirements of involving families as partners, there is potential to lose federal resources.

### **III. SCOPE OF SERVICES**

#### **Input**

1. The type of agencies eligible to apply to this RFA are public and private non-profit organizations with administrative and fiduciary commitment that supports partnerships with families (parents, caregivers and self-advocates) to improve the health, social and emotional development for all children and youth; with an emphasis on children/youth with special needs or disabilities. Priority for funding shall be given to an agency with expertise in managing and processing family stipend/reimbursements activities as utilized via North Carolina state government agencies.
2. Funding shall be awarded for the following periods: Year One 06/01/22 – 05/31/23; Year Two 06/01/23 – 05/31/24; and Year Three 06/01/24 – 05/31/25, contingent upon both availability of funds and compliance with the requirements and assurances contained in contracts resulting from this RFA.
3. Total annual award, contingent upon both availability of funds and compliance with the requirements and assurances contained in contracts resulting from this RFA is \$210,534. Projected, annual funding appropriation sources include: \$70,178 via the Maternal and Child Health Services Block Grant to the States (Title V).
4. The type of agencies eligible for this award support youth, families and caregivers of children with special health care needs in the planning and delivery of programs for children and youth. Applicable agencies will have the ability to reimburse family members and youth on a weekly basis upon receipt of approved reimbursement documentation from the Children and Youth Branch staff.

#### **Output**

1. Reimburse parents, caregivers and self-advocates according to guidance from C&Y Branch.
2. Maintain monthly fiscal records for auditing purposes. Each record shall include detailed and comprehensive reimbursement transaction data. Reimbursements shall adhere to the North Carolina Office of State Budget and Management manual.
3. Submit detailed monthly reports of parent, caregiver or self-advocate reimbursement and expenditure activity to the Contract Administrator when submitting the monthly Contract Expenditure Report. Required data is listed below:
  - a. Name of the individual being reimbursed.
  - b. Date expenditure was incurred.
  - c. Type of expenditure (i.e., mileage, registration, hotel, meals, and/or supplies) incurred.
  - d. Maintain copies of supporting documentation, receipts for all expenditures except meals, which are reimbursed on a per diem basis.
  - e. Name of activity or meeting event for which participants are being reimbursed.
  - f. Number of hours participant was involved in C&Y Branch project or meetings.
  - g. Date reimbursement form was received from Contract Administrator.
  - h. Date reimbursement was mailed to participants.
  - i. Funding code used to reimburse the participant.

4. Create a unique identifier for each individual receiving reimbursement through this effort. This additional data element is not required on the monthly report but needed for program reports.
5. Generate special reports upon request.

### **Outcome**

1. As a result of this RFA 100% of parents, caregivers and self-advocates will report that the reimbursement process allows them to participate in family involvement activities without financial hardship.
2. 100% of parents, caregivers and self-advocates will report satisfaction with reimbursement timeliness and reimbursement process.

### **Service Quality**

Assure parent, caregiver or self-advocate reimbursements are:

1. Accurate.
2. Computed at rates up to the current State regulations.
3. Provided no later than 14 calendar days after the Contractor receives an approved reimbursement form from the Contract Administrator.
4. Evaluated as to recipient satisfaction captured via verbal and email communication and periodic online surveys.



#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated and awarded to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 13, 2022.

**2. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

**3. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

**4. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

**5. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**6. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

**7. Form of Application**

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

**8. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**9. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

**10. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**11. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**12. Agency and Organization's Representative**

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

**13. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

**14. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**15. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

**16. Contract**

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on November 18, 2021:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### 2. **Distribution of the RFA**

RFA will be posted on the Program's website <https://publichealth.nc.gov/wch/index.htm> and may be sent via email to interested agencies and organizations beginning November 18, 2021.

### 3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received by email to [danielle.matula@dhhs.nc.gov](mailto:danielle.matula@dhhs.nc.gov) until November 30, 2021. As an addendum to this RFA, a summary of all questions and answers will be mailed by December 3, 2021 to all agencies and organizations sent a copy of this Request for Applications, and will be placed on the program website on December 3, 2021 at: <https://publichealth.nc.gov/wch/index.htm>.

### 4. **Applications**

Applications will only be accepted electronically. Faxed applications will not be accepted. An electronic copy of the application may be requested by contacting [danielle.matula@dhhs.nc.gov](mailto:danielle.matula@dhhs.nc.gov). Original and/or electronic signatures are required. Electronic/emailed required attachments to application must be received by 5pm Tuesday, December 21, 2021. Email application and required attachments to [danielle.matula@dhhs.nc.gov](mailto:danielle.matula@dhhs.nc.gov).

### 5. **Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font. Include section headers and page numbers as applicable.

### 6. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to VIII.3 Applicant's Response for specifics.

### 7. **Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA - *5pm on December 21, 2021*. Faxed applications will not be accepted in lieu of emailed copies. Original and/or electronic signatures are required. Note: email delivery confirmation recommended. Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

## **8. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of Children and Youth Branch staff who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

## **9. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

## **10. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

## **11. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

**12. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.6 Verification of 501(c)(3) Status*.)

**13. Federal Certifications**

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

**14. System for Award Management Database (SAM)**

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database or be willing to complete the registration process in conjunction with the award (see [www.sam.gov](http://www.sam.gov)). To maintain an active SAM record, the record must be updated no less than annually.

**15. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

#### **16. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

#### **17. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

#### **18. Iran Divestment Act**

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **19. Boycott Israel Divestment Policy**

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **20. Application Process Summary Dates**

11/18/2021: Request for Applications released to eligible applicants.

11/30/2021: End of Q&A period. All questions due in writing by 5pm.

12/03/2021: Answers to Questions released to all applicants, as an addendum to the RFA.

12/21/2021: Applications due by 5pm.

01/13/2022: Successful applicants will be notified.

06/01/2022: Contract proposed start date.

## VI. PROJECT BUDGET

### **Budget and Justification**

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification.

### **Narrative Justification for Expenses**

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

### **Travel Reimbursement Rates**

**Travel reimbursement rates are only eligible for parents, caregivers and self-advocates.**

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current 2021 business standard mileage rate for is 0.56.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/budget/budget-manual>.

### **Current Rates for Travel and Lodging**

<b>Meals</b>	<b>GSA</b>
Breakfast	\$13.00
Lunch	\$14.00
Dinner	\$23.00
<i>Total Meals Per Diem Per Day</i>	<i>\$50.00</i>
<b>Lodging (Maximum rate per person, excludes taxes and fees)</b>	\$96.00
<b>Total Travel Allowance Per Day</b>	<b>\$146.00</b>
<b>Mileage</b>	<b>\$.56</b>



## Other Restrictions (if applicable)

### Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

### Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by the Maternal and Child Health Services Block Grant to the States (Title V) which limits administrative cost to 10 percent.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits of 10%, regardless of the applicant's recognized rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by Maternal and Child Health Services Block Grant to the States (Title V) is as follows for each year:

<u>Year</u>	<u>Maternal and Child Health Service Block Grant to the States Title V</u>
1	\$70,178
2	\$70,178
3	\$70,178

## VII. EVALUATION CRITERIA

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

	<b>POOR</b> <b>1 point</b>	Applicant only marginally addressed the application area.
	<b>AVERAGE</b> <b>2 points</b>	Applicant adequately addressed the application area.
	<b>GOOD</b> <b>3 points</b>	Applicant did a thorough job of addressing the application area.
	<b>EXCELLENT</b> <b>4 points</b>	Applicant provided a superior response to the application area.

Each content area will be reviewed. The score of 1 to 4 will be added to determine the highest number of points achieved. The highest total score is 16 points. The content areas for scoring are described below:

1. Written narrative demonstrating a history of previous experience in providing reimbursement service of this type **OR** a written narrative describing how the organization would deliver the reimbursement service. (2-page limit, single spaced; 4 points maximum)
2. Written description of internal mechanisms that would assure payment to parents, caregivers or self-advocates within the 14 calendar daytime limit specified. (1-page limit, single spaced; 4 points maximum)
3. Proposed summary report addressing reimbursement and expenditure data providing supporting detail for monthly expenditure reports. (1page limit, single spaced; 4 points maximum)
4. Budget reflecting ninety (90%) allocation in *incentives and participants* to support stipends and reimbursements related to parents, caregivers and self-advocates. The remaining budget to reflect line-item selections on pages 23-24 of the RFA. (4 points maximum). Applications will be awarded points based on a consideration of each of the following:
  - a. The nature and appropriateness of proposed line-item expenditures and budget justification.
  - b. The proposed direct cost rate for processing.

**Each of the content areas will be scored according to the numerical values stated above.**

## **VIII. APPLICATION**

### **Application Checklist**

The following items must be included in the application.

1.   \_\_\_ **Cover Letter**
2.   \_\_\_ **Application Face Sheet**
3.   \_\_\_ **Applicant's Response/Form**
4.   \_\_\_ **Project Budget**  
      Include a budget in the format provided.  
      Indirect costs are allowed and limited to 10%.
5.   \_\_\_ **IRS Letter Documenting Your Organization's Tax Identification  
      Number** (public agencies)  
  
      or  
  
      \_\_\_ **IRS Determination Letter Regarding Your Organization's  
      501(c)(3) Tax-exempt Status** (private non-profits)  
  
      and  
- 6.   \_\_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

## **1. Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with NCDHHS/DPH/Children and Youth Branch, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # **A-389** are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply):  <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

### 3. Applicant's Response

1. Written narrative demonstrating a history of previous experience in providing reimbursement service of this type OR a written narrative describing how the organization would deliver the reimbursement service. Please write no more than two pages for this narrative. (4 points maximum)
2. Written description of internal mechanisms that would assure payment to families or self-advocates within the 21-day time limit specified. Please write no more than one page for this narrative. (4 points maximum)
3. Provide a proposed report that addresses reimbursement and expenditure data. Proposed report should be no longer than one page. See listing of data elements on pages 7 of the RFA. (4 points maximum)
4. Provide a budget reflecting ninety (90%) allocation in *incentives and participants* to support stipends and reimbursements related to parents, caregivers and self-advocates. The remaining budget to reflect line-item selections on pages 23-24 of the RFA. (4 points maximum)

#### 4. Project Budget

Applicants **must** complete a program budget and a budget justification narrative that lists all expenses for all activities for the following budget period: 06/01/22 – 05/31/23. The maximum annual budget is \$70,178.

Applicants are required to use the Microsoft Excel Open Window Budget Worksheet for the application budget. This worksheet can be downloaded along with the RFA from the Children and Youth Branch website at: <https://publichealth.nc.gov/wch/index.htm>.

A narrative justification must be included for *every* expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be downloaded along with the RFA from the Children and Youth Branch website at: <https://publichealth.nc.gov/wch/index.htm>.

If you have trouble accessing the budget template, please call Danielle Matula at 919-707-5260 or by email at [danielle.matula@dhhs.nc.gov](mailto:danielle.matula@dhhs.nc.gov). **The budget must be submitted as an Excel document on the electronic copy of the proposal documents. Do not remove any of the formulas in the Excel document.**

Category	Line Item	Amount	Detail/Narrative Justification
<b>Human Resources</b>			
	Salary/Wages	\$	<i>Note: Description of FTE(s) duties and % time.</i>
	Fringe Benefits	\$	<i>Note: Calculation of fringe from FTE(s) above</i>
	Other		
<b>Total Human Resources</b>		\$	
<b>Operational Expenses/Capital Outlays</b>			
Supplies and Materials			
	Other	\$	<i>Note: Office Supplies, postage, etc.</i>
Utilities			
	Gas	\$ -	

	Electric	\$ -	
	Telephone	\$ -	
	Water	\$ -	
	Other	\$ -	
Equipment			
	Communication	\$ -	
	Office	\$ -	
Media/Communications			
	Reprints	\$	<i>Note: Details on copies/printing.</i>
	Text translation	\$	
Rent			
	Office Space	\$	
	Equipment	\$	
	Other	\$	
Other			
	Incentives and Participants	\$	<i>Note: 90% of your budget should be here. Reimbursement of stipends, travel, materials, meeting costs incurred by participating parents, caregivers or self-advocates.</i>
	Other	\$	
<b>Total Operational Expenses/Capital Outlays</b>	\$		
Indirect Cost	\$		<i>Note: Indirect cost is limited to 10%</i>
<b>Total Budged Expenditures</b>	\$	<i>Note: Should be no more than \$70,178.00</i>	



## 5. IRS Letter

### ***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

### ***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

## 6. Verification of 501(c)(3) Status Form

I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of  
(Printed Name) (Title)  
\_\_\_\_\_, ("Organization"), and by that authority duly given  
(Legal Name of Organization)  
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

## **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the  
RFA response.  
They are for reference only.

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**FEDERAL CERTIFICATIONS****The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]
 

☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

**OR**

☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

---

**Signature**


---

**Title**


---

**Contractor [Organization's] Legal Name**


---

**Date**

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

## **I. Certification Regarding Nondiscrimination**

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## **II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and

- (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
- 
- City, State, Zip Code:
- 
- Street Address No.2:
- 
- City, State, Zip Code:
- 
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by

Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

#### **IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

##### **Instructions**

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

### **Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### **V. Certification Regarding Lobbying**

**The Contractor certifies**, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.



## **VI. Disclosure of Lobbying Activities**

### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

- (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
  12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
  13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
  14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
  15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
  16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Disclosure of Lobbying Activities**  
**(Approved by OMB 0348-0046)**

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b> Year _____ Quarter _____ Date of Last Report: _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known)  Congressional District (if known) _____			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District (if known) _____		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number (if applicable) _____		
<b>8. Federal Action Number (if known)</b>			<b>9. Award Amount (if known) :</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>			<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a.) (last name, first name, MI):</i>  <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		
<b>11. Amount of Payment (check all that apply):</b>  \$ _____ € actual € planned			<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____					
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11</b> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary):</i>					
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS****Letter from Board President/Chairperson Identifying  
Individuals as Authorized to Sign Contracts**

---

I, \_\_\_\_\_, Board President/Chairperson of  
 \_\_\_\_\_ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the  
 organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

**LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS****Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson of  
 \_\_\_\_\_ [Organization's legal name] hereby  
 identify the following individual(s) who is (are) authorized to sign **Contract Expenditure  
 Reports** for the organization/agency named above:

Printed Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

## **CONFLICT OF INTEREST POLICY**

### **CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)  
of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that the penalty  
(Day of Month) (Month) (Year)  
for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day of Month) (Month) (Year)

\_\_\_\_\_  
(Signature)

.....  
***Instruction for Organization:***

***Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.***

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

## Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

**D. Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

**E. Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave



the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

**F. Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**G. Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date

**NO OVERDUE TAX DEBTS CERTIFICATION****State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the \_\_\_\_\_  
 [Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

**Sworn Statement:**

\_\_\_\_\_ [Name of Board Chair] and  
 \_\_\_\_\_ [Name of Second Authorizing Official] being  
 duly sworn, say that we are the Board Chair and  
 \_\_\_\_\_ [Title of Second Authorizing Official],  
 respectively, of \_\_\_\_\_  
 [Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
 \_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
 complete to the best of our knowledge and was made and subscribed by us. We also  
 acknowledge and understand that any misuse of State funds will be reported to the appropriate  
 authorities for further action.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

## **CONTRACTOR CERTIFICATIONS**

### **Contractor Certifications Required by North Carolina Law**

#### **Instructions**

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at:  
[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- The text of G.S. 105-164.8(b) can be found online at:  
[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at:  
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at:  
[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- The text of G.S. 143-59.2 can be found online at:  
[http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at:  
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

#### **Certifications**

- (1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
 

☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**  
☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (3) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any

*violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.*

(4) *The undersigned hereby certifies further that:*

6. *He or she is a duly authorized representative of the Contractor named below;*
7. *He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and*
8. *He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.*

---

Contractor's Name

---

Signature of Contractor's Authorized Agent

Date

---

Printed Name of Contractor's Authorized Agent

Title

---

Signature of Witness

Title

---

Printed Name of Witness

Date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

**FFATA Form****Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**  
NC DHHS, Division of Public Health Subawardee Information**A. Exemptions from Reporting**

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below **is exempt** from:

The **entire** FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's Legal Name \_\_\_\_\_ Contract Number \_\_\_\_\_

☐ Active SAM registration record is attached

An active registration with SAM is required

Entity's DUNS Number \_\_\_\_\_

Entity's Parent's DUNS Nbr  
(if applicable) \_\_\_\_\_

**Entity's Location**

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

**Primary Place of Performance for specified contract**

Check here if address is the **same** as Entity's Location ☐

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Page left intentionally blank.**